
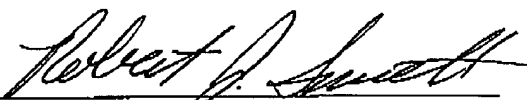


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. PU3682USW
Applicant(s): WALKER, et. al.			
Serial No. 10/009,704	Filing Date 10/29/2001	Examiner GAKH	Group Art Unit 1743
Invention: METHOD AND SYSTEM FOR DETECTING TRACE MATERIALS IN CRYOGENIC LIQUIDS			
<div style="text-align: right;">RECEIVED CENTRAL FAX CENTER DEC 22 2003</div> <div style="text-align: right; font-size: 2em;">OFFICIAL</div>			
I hereby certify that this <u>Response to Office Action</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)			
on <u>12/22/03</u> (Date)			
<div style="text-align: right;">Ban Younan (Typed or Printed Name of Person Signing Certificate)</div> <div style="text-align: right;"> (Signature)</div>			
Note: Each paper must have its own certificate of mailing.			

F18/REV01

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. PU3682USW	
Applicant(s): WALKER, et. al					
Serial No. 10/009,704	Filing Date 10/29/2001	Examiner GAKH	Group Art Unit 1743		
Invention: METHOD AND SYSTEM FOR DETECTING TRACE MATERIALS IN CRYOGENIC LIQUIDS					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	25 -	29 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1392 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: <i>December 22, 2003</i></div></div> <div style="margin-top: 20px;"><div style="display: flex; align-items: center;"><div style="text-align: center;"> Signature</div><div style="margin-left: 20px;">Dated: <i>December 22, 2003</i></div></div><div style="margin-top: 10px;">Robert J. Smith Registration No.: 40,820 Telephone: 919-483-9616 Customer No.: 23347</div></div>					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><hr/><p style="text-align: center;">Signature of Person Mailing Correspondence</p><hr/><p style="text-align: center;">Type or Printed Name of Person Mailing Correspondence</p></div>					

P11LARGE/REV06